

Part III

Block Grant Funding Requirements

**PROVIDER MANUAL
FOR
COMMUNITY MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES
PROVIDERS
FOR
THE DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES**



JULY 2006

Part III

BLOCK GRANT FUNDING REQUIREMENTS

- **Mental Health Block Grant**
- **Substance Abuse, Prevention and Treatment Block Grant**
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 - **Reporting Form**
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- **PATH Summary**
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MENTAL HEALTH BLOCK GRANT

(Note : *The information contained here is for emphasis and is not inclusive of all requirements for which the Contractor has to comply. For a complete list of all requirements please obtain a full copy of Public Law 102-321, Section 1912 and following applicable code sections. www.mentalhealth.samhsa.gov)*

The Contractor in accepting and expending Block Grant funds recognizes the following services for Adult and Child Adolescent Mental Health are the only services eligible to be funded with Mental Health Block Grant dollars for 2007. The Contractor recognizes the services specified below will be provided in accordance with the applicable standards as specified in this Provider Manual.

A. Adult

1. Outpatient services (screening and assessment to determine appropriateness of services or state hospital admissions; physician or nursing assessment; individual, group and/or family counseling, and training; medication administration, monitoring and training; service coordination).
2. 24-hour-a-day emergency care services (crisis intervention services).
3. Day treatment, day supports, partial hospitalization services (intensive community intervention and support) or psychosocial rehabilitation services.
4. Consumer directed programs (consumer peer supports).
5. Residential services
6. Respite services
7. Supported Employment.
8. Assertive Community Treatment (ACT).

B. Child and Adolescent

1. Outpatient services (screening and assessment, counseling and training, medication administration, medication monitoring).
2. Wraparound/Family support/Respite.
3. Crisis intervention
4. Day treatment for Children, Day supports for Children.
5. Intensive In-home Therapy and In-home Crisis Services.
6. Residential Services- Therapeutic Group Home and Therapeutic Foster Care.

C. Exclusions: Mental Health Block Grant funds may not be expended for:

1. Provision of inpatient services.
2. Cash payments to recipients of services.
3. The purchase or improvement of land; purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility or the purchase of major medical equipment.
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
5. Provision of financial assistance to any entity other than a public or nonprofit private entity.**

****Federal block grant funds may be expended in procurement or acquisition relationships with for-profit entities. Contracts must be developed that identify specific deliverables to be purchased with the funds.**

SUBSTANCE ABUSE, PREVENTION AND TREATMENT BLOCK GRANT

Federal Substance Abuse Prevention and Treatment Block Grant Funds provide for allotments each year to States for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. The Block Grant funds may be expended to provide for a wide range of activities to prevent and treat substance abuse and may be expended to deal with the abuse of alcohol, the use or abuse of illicit drugs, and the abuse of licit drugs. The requirements for the expenditure of these funds are summarized below. The complete description of these requirements known as 45 CFR 96 – Rules and Regulations, may be found on the Substance Abuse Mental Health Services Administration (SAMHSA) web site at www.samhsa.gov/centers/csat/csat.html. Click on the index listing for 45 CFR 96 – Rules and Regulations. The document is 57 pages in length.

I. GENERAL PROVIDER ASSURANCES

- A. That an assessment of each consumer's need be conducted and documented;
- B. That a policy and procedure be implemented to prevent inappropriate disclosure of patient records covered by Federal confidentiality regulations for substance abuse.
- C. That prevention activities and treatment services be coordinated with the provision of other appropriate services;
- D. That continuing education of employees providing prevention activities or SA treatment services is required;
- E. That grant dollars not be used to supplant State and local funding of alcohol and other drug prevention and treatment programs;
- F. That grant dollars not be used to cover expenses that are eligible for payment or reimbursement through other sources.
- G. Compliance with restrictions on the expenditure of grant funds, including:
 - 1. Inpatient hospital services, except as provided under specific exceptions;
 - 2. Cash payments to intended recipients services;
 - 3. The purchase or improvement of land, a building or other facility, or the purchase of major medical equipment, except under specific circumstances
 - 4. The satisfaction of any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
 - 5. Financial assistance to any entity other than a public or nonprofit private entity*; or
 - 6. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, except under certain circumstances.
- H. That independent peer review in accordance with the Regional Office's requirements be carried out to assess the quality, appropriateness, and efficacy of treatment services;
- I. Compliance with all applicable Federal laws and regulations, including those relating to audits, lobbying, drug-free workplace, non-discrimination, and disclosure of certain information and events.

*Federal block grant funds may be expended in procurement or acquisition relationships with for-profit entities. Contracts must be developed that identify specific deliverables to be purchased with the funds.

II. PROVIDER ASSURANCES WITH REGARD TO PRIMARY PREVENTION PROGRAMS

- A. Use of SAPTBG prevention funds is limited to primary substance abuse prevention activities that are:
1. provided in a variety of settings;
 2. provided to individuals not in need of substance abuse treatment;
 3. targeted to the general population or sub-populations who are at high risk for substance abuse, including persons who are:
 - a. children of substance abusers;
 - b. pregnant women/teens;
 - c. high school dropouts;
 - d. children/youth in the mental health system but who do not present with a need for substance abuse treatment;
 - e. high-risk youth such as those in the juvenile justice system, but who do not present with a need for substance abuse treatment
 - f. parents and families of substance users (e.g. children, siblings, spouses, grandparents etc);
 - g. homelessness youth;
 - h. other populations residing in areas of high drug trafficking, that have high rates of substance use disorders as indicated by prevalence data, that are subject to other CSAP identified risk factors (see www.samhsa.gov), that are shown by a data-driven assessment of need to be either un-served or underserved by prevention programs and services, and/or that are otherwise identified as having an unmet need.
- B. Activities funded with grant funds must be part of a comprehensive plan that includes services and programs under six CSAP strategies:
1. **Information dissemination** to promote awareness of the nature and extent of alcohol, tobacco and drug use, abuse and addiction; its effects on individuals, families and communities, and 1.dissemination is characterized by one-way communication from the source to the audience, with limited interaction between the two.
 2. **Education** to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Education is characterized by two-way communication, involving interaction between the educator/facilitator and the participant.
 3. **Alternatives** to activities involving alcohol, tobacco and other substance use for at risk populations and sub-populations.
 4. **Identification and Referral** of adults, children and adolescents engaged in the illegal/age inappropriate use of tobacco or alcohol, and/or first use of illicit drugs, in order to assess if their behavior can be reversed through education.
(Note: Activities intended to assess treatment needs are not included within this strategy.)
 5. **A Community-Based Process** to build prevention and treatment capacity at the local level, including, interagency collaboration, coalition building and networking.
 6. **Environmental Strategies** to affect community standards that will result in a reduction of the incidence of the use of alcohol, tobacco and other substances.

Strategies include legal and regulatory initiatives, as well as service and action-oriented initiatives.

- C. The Georgia Prevention Minimum Data Set Summary Report will be completed as instructed during the 2005 Minimum Data Set training for providers. Service/program process and outcome data are to be collected and reported per the directive of the State office through the Regional offices, and will be in cooperation with the Prevention Program evaluation efforts of the University of Georgia, MACRO International, and the DMHDDAD State office for:
1. Electronic MDS (process service data), and
 2. Database builder (DbB) (outcome data), to address national process and outcome reporting (NOMS).

III. PROVIDER ASSURANCES WITH REGARD TO PROGRAMS FOR WOMEN

- A. Providers shall give preference to admission to services as follows:
1. Pregnant injecting drug users;
 2. Pregnant substance abusers;
 3. Injecting drug users; and
 4. All others
- B. The provider shall publicize the availability of services and the preference extended to pregnant women through its outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.
- C. Programs will treat the family as a unit and admit both women and their children into treatment services, if appropriate. Programs must provide, or arrange for the provision of, the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:
1. primary medical care for women, including referral for prenatal care and, while the women are receiving services, childcare;
 2. primary pediatric care, including immunization, for their children;
 3. gender specific substance abuse treatment and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, parenting, and child care;
 4. therapeutic interventions for children in custody of women in treatment which may address developmental needs, sexual and physical abuse and neglect; and
 5. Sufficient case management and transportation to ensure access to services.
- D. In the event that the provider has insufficient capacity to serve any pregnant woman seeking treatment, the provider will refer the woman to the Regional Office.

IV. PROVIDER ASSURANCES WITH REGARD TO PROGRAMS FOR INTRAVENOUS DRUG USERS

- A. Providers receiving grant dollars for treatment services for intravenous drug abusers must encourage the participation of such individuals through outreach models prescribed by the Regional Office, or if no such models are prescribed, through a strategy that reasonably can be expected to be an effective. Outreach efforts shall include:
 - 1. Selecting, training and supervising outreach workers;
 - 2. Contacting, communicating and following-up with substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 C.F.R. Part 2;
 - 3. Promoting awareness among substance abusers about the relationship between intravenous drug abuse and communicable diseases such as HIV, and recommending steps to prevent disease transmission; and
 - 4. Encouraging entry into treatment
- B. Each individual who requests and is eligible for service must be admitted to a treatment program not later than:
 - 1. Fourteen days after making the request for admission to a program; or
 - 2. One hundred and twenty days after the date of such request, if:
 - a. No such program has the capacity to admit the individual on the date of such request, and
 - b. Interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.
- C. The provider shall establish a system for reporting unmet demand for treatment services to the Regional Office. This waiting list shall use a unique patient identifier for each injecting drug abuser seeking treatment, including those receiving interim services while awaiting admission to such treatment. The reporting system shall ensure that individuals who cannot be placed in comprehensive treatment within 14 days receive ongoing contact and appropriate interim services while awaiting admission.
- D. Providers receiving grant funding for the treatment of intravenous substance abusers must, upon reaching 90 percent of service capacity, notify the Regional Office within seven days.

V. PROVIDER ASSURANCES WITH REGARD TO TUBERCULOSIS

- A. The provider will implement infection control procedures that are designed to prevent the transmission of tuberculosis.
- B. The provider shall routinely make available tuberculosis services to each individual receiving or seeking treatment services, either directly or through arrangements with other public or nonprofit private entities, including:
 - 1. Counseling
 - 2. Diagnostic Testing
 - 3. Therapy
- C. All individuals identified with active tuberculosis shall be reported to the appropriate State official as required by law.

VI. PROVIDER ASSURANCES WITH REGARD TO HIV (Human Immunodeficiency Virus)

- A. Providers shall participate in any HIV project as required by the Regional Office.
- B. The provider shall routinely make available Early Intervention Services to each individual receiving or seeking treatment services, either directly or through arrangements with other public or nonprofit private entities, provided that such services are not required as a condition of receiving treatment services for substance abuse, and are undertaken voluntarily and with the informed consent of the individual. Early Intervention Services must include:
 - 1. Counseling for HIV/AIDS
 - 2. Diagnostic testing
 - 3. Therapy

SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES BLOCK GRANT

The Safe and Drug Free Schools and Communities Block Grant (SDFSC) is authorized by the Title IV of the Federal *Improving America's School Act of 1994* and is administered by the U.S. Department of Education. SDFSC awards support the seventh National Education Goal, that “*every school in America will be free of drugs, alcohol and violence and will offer a disciplined environment conducive to learning.*”

The Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) administers that portion of the State's total SDFSC grant allocated directly to the Governor for drug and violence prevention programs, and law enforcement education partnerships. Applicants eligible for funding through the Governor's SDFSC allocation include parent groups, community action and job training agencies, and community-based organizations and consortia.

I. GENERAL PROVIDER ASSURANCES

- A. Providers of prevention programs shall give priority to activities for:
 - 1. children and youth who are not normally served by state or local educational agencies;
or
 - 2. populations that need special services or additional resources (such as preschoolers, youth in juvenile facilities, runaway or homeless children and youth, pregnant and parenting teenagers, and school dropouts.)
- B. Compliance with the *Principles of Effectiveness* as posted in the Federal Register on June 1, 1998 including:
 - 1. that programs be based on a thorough assessment of objective data about drug and violence problems in the schools and communities served.
 - 2. that the provider shall, with the assistance of a local or regional advisory council, which includes community representatives, establish a set of measurable goals and objectives, and design its activities to meet those goals and objectives.
 - 3. that the provider design and implement activities based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior.
 - 4. that the provider evaluate its programs periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve, and strengthen its program and to refine its goals and objectives as appropriate.
- C. That the *Georgia Prevention Minimum Data Set Summary Report*, included in the *Appendices* of this section, be completed and submitted as required by the Regional Office.
- D. Compliance with other guidelines and requirements of the Regional Office.

II. AUTHORIZED ACTIVITIES AND SERVICES

- A. Disseminating information about drug and violence prevention;
- B. Training parents, law enforcement officials, judicial officials, social service and health providers, and community leaders and drug and violence prevention, health education, early intervention, pupil services, or rehabilitation referral;
- C. Developing and implementing comprehensive, community-based drug and violence prevention programs that link community resources with schools and integrate services involving education, vocational and job skills training and placement, law enforcement, health, mental health, community service, mentoring, and other appropriate services;
- D. Planning and implementing drug and violence prevention activities that coordinate the efforts of State agencies with efforts of the State educational agency and its local educational agencies;
- E. Activities to protect students traveling to and from school;
- F. Before-and-after school recreational, instructional, cultural, and artistic programs that encourage drug-and violence-free lifestyles;
- G. Activities that promote the awareness of and sensitivity to alternatives to violence through courses of study that include related issues of intolerance and hatred in society;
- H. Developing and implementing activities to prevent and reduce violence associated with prejudice and intolerance;
- I. Developing and implementing activities to prevent illegal gang activity;
- J. Coordinating and conducting community-wide violence and safety assessments and surveys;
- K. Service-learning projects that encourage drug-and violence-free lifestyles; and
- L. Evaluating programs and activities assisted under this section.
- M. Law enforcement education partnership designed to carry out drug abuse and violence prevention activities in consortium with local educational or community-based agencies.

Reporting Form For Use in Conjunction with the Substance Abuse Block Grant and the Safe and Drug Free Schools and Communities Block Grant

In order to meet the requirements of both the Substance Abuse Block Grant and the Safe and Drug Free Schools and Communities Block Grant, the state must complete a report on prevention activities that includes a statement of the risk and protective factors that are addressed and a description of the populations that has been served, including gender, age and ethnicity (45 CFR, Part 96, pg. 17067). It is also required that evidence be provided that research based programming and/or evaluation is being conducted (Federal Register, June 1, 1998). To assist the state in meeting these requirements, prevention providers are required to complete the following two-page reporting form and submit according to instructions from their Regional Office.

GEORGIA PREVENTION MINIMUM DATA SET						
Summary Report						
1. Fiscal Year	2. Report for Quarter (circle one) 1 2 3 4			3. Contractor Name and Provider Name (if different)		
4. Program Contact Name				6. Region Number		
9. Name of Program				5. Contact Address		7. Contact Phone Number
						8. Contact Fax Number
10. Brief Description of Program						
11. Reports Attached for Services:			d.	12. Outcome Evaluation Code		
a.				13. List Effective Programs Used		
b.			e.			
c.			f.			
Primary Prevention Expenditures Table						
Strategy	SABG	SDFSC	Other Federal	State	Local	Other
Information Dissemination						
Education						
Alternatives						
Problem Identification and Referral						
Community-Based Process						
Environmental						
Other						
Tobacco/Synar						
TOTAL						

Part A

GEORGIA PREVENTION MINIMUM DATA SET

Service Report (page ____ of ____)

1. Fiscal Year		2. Report for Quarter (circle one) 1 2 3 4		3. Provider Name											
4. Service Name				5. Funding Source: SABG ____ or SDFSC ____			6. Tobacco Focused Service: Yes ____ No ____								
7. Service Strategy Code			8. Single/Recurring Service			9. Number of Sessions			10. Duration Hours per Session						
11. Risk Factor Code(s)		a.		b.		c.		12. Protective Factor Code(s)		a.		b.		c.	
13. Service Population Code				14. Total Number Served				15. Arena of Human Service Activity Code							
Demographics (year-to-date) Actual ____ or Estimated ____															
Age/Gender			15			35-39			Race/Ethnicity						
		Male	Female	16-17		40-44			White, not of Hispanic Origin						
0-4				18		45-49			Black, not of Hispanic Origin						
5-9				19-20		50-54			Asian/Pacific Islander			Other (list)			
10-11				21-24		55+			Multiracial/Multiethnic						
12				25-29		Total			Native American						
13-14				30-34		Grand Total			Hispanic						

Part B

SPECIAL REQUIREMENTS FOR PROGRAMS SERVING CHILDREN AND ADOLESCENTS

The Contractor agrees to comply with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by the Contractor and used routinely or regularly for the provision of health care, day care, early childhood development services, education or library services to children under the age of 18. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the Contractor.

It is expected that all services provided to children and adolescents will be delivered within the state of Georgia unless approved by the Regional Director/Regional Coordinator.

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) SUMMARY

(Note : *The information contained here is for general information and for PATH contractors and is not inclusive of all requirements with which the Contractor has to comply. For a complete list of all requirements please obtain a full copy of Public Law 101-645, Title V, Subtitle B and follow applicable code sections.*)

REFERENCES: 45CFR 92.22 and Sections 521-535 of the Public Health Service Act

I. PURPOSE

The Projects for Assistance in Transition from Homelessness (PATH) program provides funds to each State to support services to individuals with serious mental illness, as well as individuals with serious mental illness and substance use disorders, *who are homeless or at risk of becoming homeless*. The Secretary shall make payments, as grants, to each State if the Secretary approves an application submitted by the State. The States involved must agree that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing those services specified to meet the needs of eligible homeless individuals with a serious mental illness or mental illness and substance use disorders.

II. DEFINITIONS

- A. Homelessness- An individual who lacks housing including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.
- B. Imminent Risk of Becoming Homeless-Commonly includes one or more of the following: doubled-up living arrangement where individual's name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.

III. SERVICE SPECIFICATIONS

Those service specifications eligible for PATH funding include the following:

- 1) Outreach Services;
- 2) Screening and Diagnostic Treatment Services;
- 3) Habilitation and Rehabilitation Services;
- 4) Community Mental Health Services;
- 5) Alcohol or Drug Treatment Services;

- 6) Staff Training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require service;
- 7) Case Management Services, including-
 - a. Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - b. Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
 - c. Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - d. Referring the eligible homeless individual for such other services as may be appropriate; and
 - e. Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 138 et seq) and if the applicant is designated by the Secretary to provide such services.
- 8) Supportive and Supervisory Services in Residential Settings;
- 9) Referrals for primary health services, job training, educational services, and relevant housing services;
- 10) Housing Services, including-
 - a. Minor renovation, expansion, and repair of housing;
 - b. Planning of housing;
 - c. Technical assistance in applying for housing assistance;
 - d. Improving the coordination of housing services;
 - e. Security deposits;
 - f. Costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - g. 1-time rental payments to prevent eviction.

IV. RESTRICTION ON USE OF FUNDS

The Secretary may not make payments to the State unless the State involved agrees to the following:

- 1) Not more than 4% of the payments will be expended for administrative expenses regarding payments;
- 2) Not more than 20% of the payments will be expended for housing services;
- 3) Payments will not be expended-
 - a. To support emergency shelters or construction of housing facilities;
 - b. For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs;
 - c. To make cash payments to intended recipients of mental health or substance abuse services.

V. GRANTEE REPORTING REQUIREMENTS

The Secretary may not make payment to a State unless:

- 1) The State submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying;
- 2) Such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;
- 3) Such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and
- 4) The State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State.

VI. PROGRAM EVALUATIONS

- 1) Among the statutory requirements for State participation in the PATH program is the provision of annual reports. The Secretary may not make payments to States under the program unless each State agrees that it will provide, on an annual basis, a report which includes the following items-
 - a. The types of services being offered by PATH providers;
 - b. The number of characteristics of the persons receiving services from PATH providers; and
 - c. The contribution of PATH funds toward the support of services provided to persons who are homeless and have serious mental illnesses.
- 2) The Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) shall evaluate at least once every 3 years the expenditures of grants by eligible entities in order to ensure that expenditures are consistent with the provisions of the Public Health Service Act, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

VII. ADDITIONAL INFORMATION SOURCES

Secure a copy of the Public Health Service Act on the PATH website at www.pathprogram.samhsa.gov under Program Information.

TITLE XX SOCIAL SERVICES BLOCK GRANT

Congress passed Public Law 93-647, or Title XX of the Social Security Act (SSA), in 1974 to make federal funds available for states to provide social services which address the needs of each individual state. Social Services Block Grant (SSBG) funds are used to provide a variety of services to Georgia's citizens, including vulnerable children and adults who need protection, persons with mental retardation, and the elderly.

The Department of Human Resources prepares an annual report to inform the Secretary of the U.S. Department of Health and Human Services and the people of Georgia of the intended use of the funds the State is to receive under provision of the Act. This annual report is called the Report on the Intended Use of Title XX Social Services Block Grant Funds. The following description of services to persons with mental retardation (I) and the statements on limitations/assurances on the use of the grants (II) are taken from the Report on Intended Use.

I. SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Services for persons with developmental disabilities are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of disabilities, and to enable persons served to live in the least restrictive environment possible. Component services or activities may include personal and family counseling, respite care, family support, recreation, transportation aid to assist with independent functioning in the community and training in mobility, communication skills, the use of special aides and appliances and self-sufficiency skills. Residential and medical services are not included in the array of SSBG services for persons with developmental disabilities in Georgia.

II. LIMITATION/ASSURANCES ON USE OF GRANTS

The Georgia Department of Human Resources gives assurance that Title XX Social Services Block Grant funds will **NOT** be used:

- 1) for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or
- 2) to provide cash payments for costs of subsistence or to provide room and board (other than cost of subsistence during rehabilitation, room and board provided for a short term as an integral but subordinate part of a social service, or temporary emergency shelter provided as a protective service); or
- 3) for payment of the wages of any individual as a social service (other than payment of wages of welfare recipients employed in the provision of day care services); or
- 4) for the provision of medical care; or
- 5) for social services provided in and by employees of any hospital, skilled nursing facility, or prison, or to any individual living in such institution. The only exceptions to this limitation are services to an alcoholic or drug dependent individual or rehabilitation services; or
- 6) for the provision of any educational service which the state makes generally available to its residents without cost and without regard to their income; or

- 7) to provide child care services unless such services meet applicable standards of State and local law; or
- 8) for the provision of cash payments as a service.

III. APPLICATION FOR SERVICE

Each individual or family unit shall have the right to apply for Social Services Block Grant Services without delays in the application process. Application for services may be made by the applicant or by a relative, friend, neighbor or legal guardian acting responsibly on behalf of the person needing the service. The application should be made to Regional Office's designated point of entry.

IV. ELIGIBILITY

All recipients of Social Services Block Grant (SSBG) funded services must be physically located in the State of Georgia.

- **Non-School Aged Adults** - SSBG funded services may be provided to non-school aged adults with a documented programmatic need and a current diagnosis of mental retardation/developmental disability.
- **School Aged Individuals** - School-aged individuals may be provided non-education-related services with a documented programmatic need and a current diagnosis of mental retardation/developmental disability.
- **Pre School Aged Individuals** - SSBG funded services may be provided to pre-school aged individuals with a documented programmatic need and a current diagnosis of mental retardation/developmental disability.

V. BEGINNING THE SERVICES

Once eligibility is determined, the service must be provided with reasonable promptness. Reasonable promptness is defined as within fifteen (15) calendar days. If the service is temporarily unavailable, the individual should be placed on a Planning List.

VI. PLANNING LIST (Waiting Lists)

Planning Lists will be maintained in accordance with Division Policy.

VII. SERVICES TO PERSONS RESIDING IN INSTITUTIONS

In most instances, services to persons residing in institutions are the responsibility of staff of the facility. Accordingly, Social Services Block Grant funds may not be used for the provision of social services that are the inherent responsibility of the institution. Those facilities which are Intermediate Care Facilities or Skilled Nursing Facilities and which receive funding under Title XVIII (Medicare) and/or Title XIX (Medicaid) are required either to provide social services or arrange for them with qualified outside resources. In these facilities and in any other where an investigation indicates that social services are an inherent responsibility of the

institution, Social Service Block Grant Services to eligible persons are limited to assisting an individual and/or family to seek admission to the institution, and/or supporting or augmenting the discharge plan of the facility for the individual. If social services are not an inherent responsibility of the institution, Social Services Block Grant services may be delivered to eligible persons.

IX. DOCUMENTATION OF SERVICE PROVISION

- Contractors are responsible for the documentation of service delivery in compliance with the terms of the provider contract.
- Reporting of Services - Services delivered must be reported in compliance with the terms of the provider contract.

X. NOTIFICATION OF THE CONSUMER OF SERVICE TERMINATION

- A.** Notification to the consumer must follow a decision by the agency to terminate services. Form 5536, included below, shall be used.

(Note: Even though space is available on this Form, the Form should not be used to notify a consumer of eligibility for service. Form 5536 should only be used to notify a client of termination of service.)

In cases of termination of service, services must continue through the ten- (10) day notice period and the notification process must be (1) adequate and (2) timely.

1. **Adequate notice** is defined as a written communication (Form 5536) that includes a statement of the specific action the agency intends to take, the reason for the intended action, explanation of the individual's right to request a fair hearing and the circumstances under which services are continued if a hearing is requested.
2. **Timely notice** is defined as the notice being mailed or hand delivered to the consumer at least ten (10) calendar days before the date the action is to become effective. No action shall be taken to terminate services during the ten- (10) day notice period. If the consumer does not request a hearing before the expiration of the tenth (10th) day, the services shall be terminated after the tenth day has passed.

- B. Waiver of Timely Notice** - The following are situations in which timely notice (10 calendar days) is not required but adequate (written) notice shall be given not later than the effective date of action:

1. The agency received a clearly written statement signed by consumer that he/she no longer wishes to receive services.
2. The whereabouts of the consumer are unknown and mail to him/her has been returned by the Post Office indicating no forwarding address. Returned mail should be filed in the service record.

3. The consumer moves to another State and the move is documented by the agency.
4. The consumer was informed in writing, at the time the services began, that the service would automatically terminate at the end of a specified period.
5. A change in either Federal/State law or policy requires automatic service adjustments for categories of service recipients.

XI. CONSUMER GRIEVANCES

Providers shall make a grievance and appeal process available to aggrieved consumers in compliance with Federal regulations governing the Social Service Block Grant, and policy and procedure promulgated by the Division and the State of Georgia.

**Georgia Department of Human Resources
NOTIFICATION FORM FOR TITLE XX SOCIAL SERVICES**

Agency Name: _____
DATE: _____
CASE ID: _____

Your application for social services has been given careful consideration. The following determination has been made

- I. A. INITIAL DETERMINATION: You have been determined eligible/ ineligible for the following Title xxx Social Services:

Reason (if ineligible)

- B. REDETERMINATION: You have been determined eligible/ineligible for the following Title xx Social Services effective _____.
The following Title xx Social Services have been/will be terminated:

Reason if (ineligible)

- III. You are still eligible for these Title xx Social Services:

However, if the following services will be:

- A. Reduced effective:
Reason:

- B. Terminated effective:
Reason: _____

- III. LIMITED ELIGIBILITY

You have been determined eligible for the following Title xx
services _____
You have been determined ineligible for the following Title xx
services _____

If for any reason you disagree with this decision you may request a hearing. You may request a hearing orally or in contacting this agency within 10 days of the date given at the top of this form. This agency will be glad to furnish the form (s); help you in filing your appeal and in any way possible to prepare for the hearing.

The hearing will be held in your county by a hearing officer. You may be represented at the hearing by legal counsel or other spokesperson. If you would like an attorney, contact this agency which can provide information about legal services that may be available in your community at no cost to you.

Form 5536 (Rev. 05-00)

Agency Representative Signature of

**Georgia Department of Human Resources
Title XX Administration**